		FOR OHF USE					

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2004
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2004)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0038349

Facility Name: Heritage Manor-Bloomington

Address: 700 E. Walnut (Number) Bloomington (City) 61701 (Zip Code)

County: McLean

Telephone Number: (309) 827-8004 **Fax #** ( )

IDPA ID Number: 370909086003

Date of Initial License for Current Owners: 1963

Type of Ownership:

	VOLUNTARY,NON-PROFIT	xx	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		xx	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: **Telephone Number:** ( )

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2004 to 12/31/2004 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) Craig L. Ater
(Title) Senior V.P. and Chief Financial Officer

Paid Preparer

(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) (309)823-7135 Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	111	Skilled (SNF)	111	40,515	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	111	TOTALS	111	40,515	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	21,682	8,647	4,626	34,955	8
9	SNF/PED			0		9
10	ICF					10
11	ICF/DD					11
12	SC	0	0	0		12
13	DD 16 OR LESS					13
14	TOTALS	21,682	8,647	4,626	34,955	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.28%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [xx]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [xx]

I. On what date did you start providing long term care at this location?
Date started 1963

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [xx]

K. Was the facility certified for Medicare during the reporting year?
YES [xx] NO [ ] If YES, enter number of beds certified _____ and days of care provided 4,626

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [xx] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [xx] NO [ ]

Tax Year: _____ Fiscal Year: _____

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	211,457	21,939		233,396		233,396	4,145	237,541			1
2	Food Purchase		158,319		158,319		158,319		158,319			2
3	Housekeeping	81,057	17,608		98,665		98,665		98,665			3
4	Laundry	61,664	16,693		78,357		78,357		78,357			4
5	Heat and Other Utilities			100,266	100,266		100,266	1,269	101,535			5
6	Maintenance	96,369	62,682	39,657	198,708		198,708	14,866	213,574			6
7	Other (specify):*											7
8	**TOTAL General Services**	450,547	277,241	139,923	867,711		867,711	20,280	887,991			8
	B. Health Care and Programs											
9	Medical Director			12,000	12,000		12,000		12,000			9
10	Nursing and Medical Records	1,452,948	105,945	214,058	1,772,951		1,772,951		1,772,951			10
10a	Therapy		285,227	458,950	744,177	(470,787)	273,390	122,333	395,723			10a
11	Activities	49,167	3,081		52,248		52,248		52,248			11
12	Social Services	51,181	30	3,594	54,805		54,805		54,805			12
13	Nurse Aide Training	16,222	2,402		18,624		18,624	2,196	20,820			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,569,518	396,685	688,602	2,654,805	(470,787)	2,184,018	124,529	2,308,547			16
	C. General Administration											
17	Administrative	61,992			61,992		61,992	74,628	136,620			17
18	Directors Fees							6,034	6,034			18
19	Professional Services			326,530	326,530		326,530	(307,557)	18,973			19
20	Dues, Fees, Subscriptions & Promotions			103,563	103,563	(60,939)	42,624	(10,211)	32,413			20
21	Clerical & General Office Expenses	113,823	12,566	13,850	140,239		140,239	150,225	290,464			21
22	Employee Benefits & Payroll Taxes			442,786	442,786		442,786	38,697	481,483			22
23	Inservice Training & Education			1,521	1,521		1,521	478	1,999			23
24	Travel and Seminar			4,039	4,039		4,039	(2,040)	1,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			66,101	66,101		66,101	2,265	68,366			26
27	Other (specify):*			40,608	40,608		40,608	(40,548)	60			27
28	**TOTAL General Administration**	175,815	12,566	998,998	1,187,379	(60,939)	1,126,440	(88,029)	1,038,411			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,195,880	686,492	1,827,523	4,709,895	(531,726)	4,178,169	56,780	4,234,949			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Heritage Manor-Bloomington #0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			156,023	156,023		156,023	(4,424)	151,599			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			88,722	88,722		88,722	(141)	88,581			32
33	Real Estate Taxes			69,768	69,768		69,768		69,768			33
34	Rent-Facility & Grounds							1,391	1,391			34
35	Rent-Equipment & Vehicles			3,072	3,072		3,072	2,056	5,128			35
36	Other (specify):*											36
37	**TOTAL Ownership**			317,585	317,585		317,585	(1,118)	316,467			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					470,787	470,787		470,787			39
40	Barber and Beauty Shops		923	15,456	16,379		16,379		16,379			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					60,939	60,939		60,939			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		923	15,456	16,379	531,726	548,105		548,105			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,195,880	687,415	2,160,564	5,043,859		5,043,859	55,662	5,099,521			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(836)	35		5
6	Rented Facility Space	(5,955)	34		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(17,329)	30		9
10	Interest and Other Investment Income	(141)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		2		13
14	Non-Care Related Interest		32		14
15	Non-Care Related Owner's Transactions		33		15
16	Personal Expenses (Including Transportation)		24		16
17	Non-Care Related Fees	(533)	20		17
18	Fines and Penalties				18
19	Entertainment	(11,109)	24		19
20	Contributions	(48)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(11,461)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(40,500)	27		24
25	Fund Raising, Advertising and Promotional	(13,757)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(136)	23		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (101,805)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	157,467		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 157,467		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 55,662		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Heritage Manor-Bloomington

ID# 0038349

Report Period Beginning: 01/01/2004

Ending: 12/31/2004

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5		(836)	35	5
6		(5,955)	34	6
7				7
8				8
9		(17,329)	30	9
10			32	10
11				11
12				12
13		0	2	13
14			32	14
15		0	33	15
16			24	16
17		(533)	20	17
18				18
19			24	19
20		(48)	27	20
21				21
22		(11,461)	19	22
23				23
24		(40,500)	27	24
25		(13,757)	20	25
26				26
27				27
28				28
29		(136)	23	29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(90,555)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 **Report Period Beginning:** 01/01/2004 **Ending:** 12/31/2004

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	4,145	0	0	0	0	0	0	0	0	4,145	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,269	0	0	0	0	0	0	0	0	1,269	5
6	Maintenance	0	0	14,866	0	0	0	0	0	0	0	0	14,866	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	20,280	0	0	0	0	0	0	0	0	20,280	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	122,333	0	0	0	0	0	0	0	0	0	122,333	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	2,196	0	0	0	0	0	0	0	0	2,196	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	122,333	2,196	0	0	0	0	0	0	0	0	124,529	16
	C. General Administration													
17	Administrative	0	0	74,628	0	0	0	0	0	0	0	0	74,628	17
18	Directors Fees	0	0	6,034	0	0	0	0	0	0	0	0	6,034	18
19	Professional Services	(11,461)	(315,069)	18,973	0	0	0	0	0	0	0	0	(307,557)	19
20	Fees, Subscriptions & Promotions	(14,290)	0	4,079	0	0	0	0	0	0	0	0	(10,211)	20
21	Clerical & General Office Expenses	0	0	150,225	0	0	0	0	0	0	0	0	150,225	21
22	Employee Benefits & Payroll Taxes	0	0	38,697	0	0	0	0	0	0	0	0	38,697	22
23	Inservice Training & Education	(136)	0	614	0	0	0	0	0	0	0	0	478	23
24	Travel and Seminar	(11,109)	0	9,069	0	0	0	0	0	0	0	0	(2,040)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	2,265	0	0	0	0	0	0	0	0	2,265	26
27	Other (specify):*	(40,548)	0	0	0	0	0	0	0	0	0	0	(40,548)	27
28	**TOTAL General Administration**	(77,544)	(315,069)	304,584	0	0	0	0	0	0	0	0	(88,029)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(77,544)	(192,736)	327,060	0	0	0	0	0	0	0	0	56,780	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 **Report Period Beginning:** 01/01/2004 **Ending:** 12/31/2004

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(17,329)	0	0	12,905	0	0	0	0	0	0	0	(4,424)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(141)	0	0	0	0	0	0	0	0	0	0	(141)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(5,955)	0	0	7,346	0	0	0	0	0	0	0	1,391	34
35	Rent-Equipment & Vehicles	(836)	0	0	2,892	0	0	0	0	0	0	0	2,056	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(24,261)	0	0	23,143	0	0	0	0	0	0	0	(1,118)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(101,805)	(192,736)	327,060	23,143	0	0	0	0	0	0	0	55,662	45

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V	10a	Adjustment for Related Organization	113,680	GreenTree Therapy	100.00%	98,682	(14,998)	2
3	V								3
4	V	19	Adjustment for Related Organization	315,069	Heritage Enterprises, Inc.	100.00%		(315,069)	4
5	V								5
6	V	10a	Adjustment for Related Organization	279,625	GreenTree Pharmacy	100.00%	416,956	137,331	6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 708,374			$ 515,638	$ * (192,736)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	$	Heritage Enterprises, Inc.	100.00%	$ 4,145	$ 4,145	15
16	V	2	Food Purchase				0		16
17	V	3	Housekeeping				0		17
18	V	4	Laundry				0		18
19	V	5	Heat & Other Utilities				1,269	1,269	19
20	V	6	Maintenance				14,866	14,866	20
21	V	7	Other				0		21
22	V	9	Medical Director				0		22
23	V	10	Nursing & Medical Records				0		23
24	V	11	Activities				0		24
25	V	12	Social Service				0		25
26	V	13	Nurse Aide Training				2,196	2,196	26
27	V	14	Program Transportation				0		27
28	V	15	Other				0		28
29	V	17	Administrative				74,628	74,628	29
30	V	18	Directors Fees				6,034	6,034	30
31	V	19	Professional Services				18,973	18,973	31
32	V	20	Fees, Subscription, Promotions				4,079	4,079	32
33	V	21	Clerical & General Office Expenses				150,225	150,225	33
34	V	22	Employee Benefits & Payroll Taxes				38,697	38,697	34
35	V	23	Inservice Training & Education				614	614	35
36	V	24	Travel and Seminar				9,069	9,069	36
37	V	25	Other Admin. Staff Transportation				0		37
38	V	26	Insurance-Prop.Liab.Malpract				2,265	2,265	38
39	Total			$			$ 327,060	$ * 327,060	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	27	Other	$	Heritage Enterprises, Inc.		$ 0	$	15
16	V	30	Depreciation				12,905	12,905	16
17	V	31	Amortization of Pre-Op & Org				0		17
18	V	32	Interest				0		18
19	V	33	Real Estate Taxes				0		19
20	V	34	Rent-Facility & Grounds				7,346	7,346	20
21	V	35	Rent-Equipment & Vehicles				2,892	2,892	21
22	V	36	Other				0		22
23	V	38	Medically Nec Transportation				0		23
24	V	39	Ancillary Service Centers				0		24
25	V	40	Barber and Beauty Shops				0		25
26	V	41	Coffee and Gift Shops				0		26
27	V	42	Other				0		27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 23,143	$ * 23,143	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week: Hours	Percent	Compensation Included in Costs for this Reporting Period**: Description	Amount	Schedule V. Line & Column Reference	
1	Susie Jefferson	Director	Management	15.86		10		Salary/BOD	$ 3,692	Ln. 17/18	1
2	Tom Jefferson	Secretary	Management	16.21		10		Salary/BOD	15,847	Ln. 17/18	2
3	Craig Hart	Chairman	Management	31.95		10		Salary/BOD	20,066	Ln. 17/18	3
4	Cheryl Lowney	Executive Vice Presi	Management	0.49		40	100.00	Salary/BOD	10,915	Ln. 17/18	4
5	Steve Wannemacher	President	Management	0.42		40	100.00	Salary/BOD	14,560	Ln. 17/18	5
6	Connie Hoselton	Sr Vice President	Management	0.27		40	100.00	Salary	7,237	Ln. 17/18	6
7	Craig Ater	Sr Vice President	Management	0.34		40	100.00	Salary	8,345	Ln. 17/18	7
8										Ln. 17/18	8
9											9
10											10
11											11
12											12
13								TOTAL	$ 80,662		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 2/31/2004

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Beds	2,403	24	$ 89,729	$ 89,729	111	$ 4,145	1
2	2	Food Purchase	Beds	2,403	24	0	0	111	0	2
3	3	Housekeeping	Beds	2,403	24	0	0	111	0	3
4	4	Laundry	Beds	2,403	24	0	0	111	0	4
5	5	Heat & Other Utilities	Beds	2,403	24	27,471	0	111	1,269	5
6	6	Maintenance	Beds	2,403	24	321,832	76,617	111	14,866	6
7	7	Other	Beds	2,403	24	0	0	111	0	7
8	9	Medical Director	Beds	2,403	24	0	0	111	0	8
9	10	Nursing & Medical Records	Beds	2,403	24	0	0	111	0	9
10	11	Activities	Beds	2,403	24	0	0	111	0	10
11	12	Social Service	Beds	2,403	24	0	0	111	0	11
12	13	Nurse Aide Training	Beds	2,403	24	47,533	39,159	111	2,196	12
13	14	Program Transportation	Beds	2,403	24	0	0	111	0	13
14	15	Other	Beds	2,403	24	0	0	111	0	14
15	17	Administrative	Beds	2,403	24	1,615,588	1,615,588	111	74,628	15
16	18	Directors Fees	Beds	2,403	24	130,630	0	111	6,034	16
17	19	Professional Services	Beds	2,403	24	410,747	0	111	18,973	17
18	20	Fees, Subscription, Promotions	Beds	2,403	24	88,297	0	111	4,079	18
19	21	Clerical & General Office Expens	Beds	2,403	24	3,252,161	2,929,944	111	150,225	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,403	24	837,746	0	111	38,697	20
21	23	Inservice Training & Education	Beds	2,403	24	13,283	0	111	614	21
22	24	Travel and Seminar	Beds	2,403	24	196,325	0	111	9,069	22
23	25	Other Admin. Staff Transportatio	Beds	2,403	24	0	0	111	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,403	24	49,040	0	111	2,265	24
25	TOTALS					$ 7,080,382	$ 4,751,037		$ 327,060	25

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 2/31/2004

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	27	Other	Beds	2,403	24	$	$	111	$	1
2	30	Depreciation	Beds	2,403	24	279,369		111	12,905	2
3	31	Amortization of Pre-Op & Org	Beds	2,403	24			111		3
4	32	Interest	Beds	2,403	24			111		4
5	33	Real Estate Taxes	Beds	2,403	24			111		5
6	34	Rent-Facility & Grounds	Beds	2,403	24	159,040		111	7,346	6
7	35	Rent-Equipment & Vehicles	Beds	2,403	24	62,608		111	2,892	7
8	36	Other	Beds	2,403	24			111		8
9	38	Medically Nec Transportation	Beds	2,403	24			111		9
10	39	Ancillary Service Centers	Beds	2,403	24			111		10
11	40	Barber and Beauty Shops	Beds	2,403	24			111		11
12	41	Coffee and Gift Shops	Beds	2,403	24			111		12
13	42	Other	Beds	2,403	24			111		13
14								111		14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 501,017	$		$ 23,143	25

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	LsSalle National Bank		xx	Mortgage	4640 plus Int	01/15/99	$	$ 1,893,252	01/15/06	variable	$ 70,904	1
2	LsSalle National Bank		xx	Mortgage							5,534	2
3												3
4												4
5												5
	Working Capital											
6	Central Office Allocation		xx	Working Capital							12,284	6
7	Central Office Allocation		xx	Working Capital								7
8												8
9	TOTAL Facility Related						$	$ 1,893,252			$ 88,722	9
	B. Non-Facility Related*											
10	Interest Income										(141)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (141)	14
15	TOTALS (line 9+line14)						$	$ 1,893,252			$ 88,581	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ _____ Line # _____

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 **Report Period Beginning:** 01/01/2004 **Ending:** 12/31/2004

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2003 report.	*Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$ 71,461	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ 68,892	2
3. Under or (over) accrual (line 2 minus line 1).		$ (2,569)	3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 72,337	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 69,768	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1999	61,224	8
	2000	58,069	9
	2001	61,221	10
	2002	70,112	11
	2003	71,352	12

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2003	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Manor-Bloomington COUNTY McLean

FACILITY IDPH LICENSE NUMBER 0038349

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2003.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	43-21-04-227-012		$ 68,892.00	$ 68,892.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 68,892.00	$ 68,892.00

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 25,183 B. General Construction Type: Exterior Wood/Brick Frame Wood Number of Stories

C. Does the Operating Entity? [xx] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [xx] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [XX] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	land			$ 116,576	1
2					2
3	TOTALS			$ 116,576	3

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	82		1963		$ 560,548	$		$	$	$	4
5	24		1966		221,147						5
6	5		1999								6
7											7
8											8
	Improvement Type**										
9	1978 Improvements			1978	14,607						9
10	1979 Improvements			1979	95,460						10
11	1980 Improvements			1980	75,591						11
12	1981 Improvements			1981	11,544						12
13	1982 Improvements			1982	9,256						13
14	1983 Improvements			1983	13,130						14
15	1984 Improvements			1984	7,215						15
16	1985 Improvements			1985	45,885						16
17	1986 Improvements			1986	13,469						17
18	1988 Improvements			1988	83,109						18
19	1989 Improvements			1989	2,439						19
20	1990 Improvements			1990	30,676						20
21	1991 Improvements			1991	4,207						21
22	1992 Improvements			1992	1,208						22
23	1993 Improvements			1993	97,303						23
24	1994 Improvements			1994	29,638						24
25	1995 Improvements			1995	121,304						25
26	BOILER			1996	17,850						26
27	EXHAUST HOOD			1996	1,075						27
28	CODE ALERT			1996	1,852						28
29	PHONE SYSTEM			1996	2,339						29
30	INTERIOR REMODEL			1996	103,103						30
31											31
32											32
33											33
34	C/O Allocation							12,905	12,905		34
35	Book Depreciation					121,729		104,324	(17,405)	1,695,551	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Interior Rehab--paint, wallpaper, remodel facility	1997	$ 211,945	$		$	$	$	37
38	Remodel Physical Therapy	1997	43,069						38
39	Disposal Unit--Kitchen	1997	1,439						39
40	Code Alert System	1997	1,997						40
41	Kitchen Remodel	1997	766						41
42									42
43	Code Alert/Nurse Call System	1998	3,654						43
44	Kitchen Remodel	1998	4,166						44
45	Remodel Physical Therapy	1998	1,813						45
46	Addition--Materials	1998	13,431						46
47	Addition--Professional Fees	1998	109,885						47
48									48
49	Addition--Materials	1999	1,155,066						49
50	Addition--Professional Fees	1999	22,035						50
51	Steam Table Hood	1999	3,821						51
52	ALTA Survey	1999	2,434						52
53	Dish Washing Area	1999	4,083						53
54	Sewage Pump	1999	2,492						54
55	Parking Lot Pavement	1999	6,743						55
56									56
57	Dayroom Light Fixtures	2000	6,189						57
58	Door Kickplates	2000	2,991						58
59	Storm windows	2000	4,011						59
60	Addition--Materials	2000	12,770						60
61	Addition--Professional Fees	2000	5,893						61
62	Roof Repair	2000	5,510						62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 3,190,158	$ 121,729		$ 117,229	$ (4,500)	$ 1,695,551	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 3,190,158	$ 121,729		$ 117,229	$ (4,500)	$ 1,695,551	1
2	Paging System	2001	2,456						2
3	Alarm Door/Lock	2001	1,950						3
4	Code Alert	2001	3,965						4
5	Electrical Wiring for A/C Unit	2001	1,805						5
6	Main Water Meter	2001	2,000						6
7	Valves Boiler Unit	2001	1,883						7
8									8
9	Smoke Detectors and Installation	2002	14,551						9
10	Mixing valve	2002	1,862						10
11	Main Corridor Rehab (Wallcovering)	2002	3,885						11
12	Floor Tile	2002	1,280						12
13	Kitchen	2002	957						13
14	Roof Repair	2002	5,283						14
15									15
16	Smoke Detectors and Installation	2003	5,970						16
17	Roof Replacement	2003	111,250						17
18	Sprinklers	2003	31,119						18
19	Parking Lot	2003	3,862						19
20	Ceramic Tile	2003	1,315						20
21	Compressor	2003	3,898						21
22	Wallpaper	2003	857						22
23	Maglock Keypad	2003	2,762						23
24	ANSUL Fire Surpression	2003	1,450						24
25	Fire Escape Remodel	2003	2,003						25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,396,521	$ 121,729		$ 117,229	$ (4,500)	$ 1,695,551	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 3,396,521	$ 121,729		$ 117,229	$ (4,500)	$ 1,695,551	1
2									2
3	Sewage Pump	2004	3,823						3
4	Nurses Station A/C	2004	1,478						4
5	Fire Alarm	2004	2,825						5
6	Sealcoat Parking Lot	2004	1,646						6
7	Storm Windows	2004	645						7
8	Window A/C (8)	2004	6,030						8
9	Ceiling Repairs	2004	4,011						9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,416,979	$ 121,729		$ 117,229	$ (4,500)	$ 1,695,551	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,021,053	$ 34,294	$ 34,370	$ 76		$ 939,621	71
72	Current Year Purchases	18,615						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,039,668	$ 34,294	$ 34,370	$ 76		$ 939,621	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 4,573,223	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 156,023	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 151,599	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (4,424)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 2,635,172	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? ☐ YES ☐ NO
   If NO, see instructions.

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. ____
   This amount was calculated by dividing the total amount to be amortized ____
   by the length of the lease ____.

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

10. Effective dates of current rental agreement:
    Beginning ____
    Ending ____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2005	$
13.	/2006	$
14.	/2007	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ 5,128 Description: pager, computer equipment
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? ☐ YES ☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM ☐
- IN OTHER FACILITY ☐
- COMMUNITY COLLEGE ☐
- HOURS PER AIDE ____

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM ☐
- IN OTHER FACILITY ☐
- HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies		2,402		2,402
3	Classroom Wages (a)		16,222		16,222
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$ 18,624	$	$ 18,624
10	SUM OF line 9, col. 1 and 2 (e)	$ 18,624			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist		hrs	$		$ 146,168	$		$ 146,168	1
2	Licensed Speech and Language Development Therapist		hrs			25,754			25,754	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			225,614	253		225,867	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts				422,306		422,306	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):					46,416			46,416	13
14	TOTAL			$		$ 443,952	$ 422,559		$ 866,511	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 **Report Period Beginning:** 01/01/2004 **Ending:** 12/31/2004

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2004 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 400	$	1
2	Cash-Patient Deposits	10,562		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	723,050		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	14,889		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	557,675		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,306,576	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	116,576		13
14	Buildings, at Historical Cost	3,359,058		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,008,047		16
17	Accumulated Depreciation (book methods)	(1,988,227)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	5,534		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 2,500,988	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,807,564	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 174,089	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	10,562		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	212,335		30
31	Accrued Taxes Payable (excluding real estate taxes)	9,836		31
32	Accrued Real Estate Taxes(Sch.IX-B)	72,337		32
33	Accrued Interest Payable	6,295		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 485,454	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	1,893,252		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 1,893,252	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,378,706	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,428,858	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,807,564	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,363,069	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,363,069	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	65,789	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 65,789	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,428,858	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 4,858,903	1
2	Discounts and Allowances for all Levels	(1,197,830)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,661,073	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	950,021	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 950,021	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements	9,210	11
12	Gift and Coffee Shop	117	12
13	Barber and Beauty Care	21,882	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	5,955	16
17	Sale of Drugs	465,480	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 502,644	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	141	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 141	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,113,879	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	867,711	31
32	Health Care	2,654,805	32
33	General Administration	1,187,379	33
	B. Capital Expense		
34	Ownership	317,585	34
	C. Ancillary Expense		
35	Special Cost Centers	16,379	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37		4,231	37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,048,090	40
41	**Income before Income Taxes (line 30 minus line 40)****	65,789	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 65,789	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,904	2,080	$ 52,448	$ 25.22	1
2	Assistant Director of Nursing	776	800	18,828	23.54	2
3	Registered Nurses	5,529	6,187	124,326	20.09	3
4	Licensed Practical Nurses	21,628	23,009	447,166	19.43	4
5	Nurse Aides & Orderlies	68,918	73,039	746,905	10.23	5
6	Nurse Aide Trainees	2,000	2,000	16,222	8.11	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,903	4,302	63,275	14.71	8
9	Activity Director					9
10	Activity Assistants	5,133	5,418	49,167	9.07	10
11	Social Service Workers	3,887	4,273	51,181	11.98	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	18,338	19,863	211,457	10.65	15
16	Dishwashers					16
17	Maintenance Workers	8,098	8,840	96,369	10.90	17
18	Housekeepers	9,742	10,359	81,057	7.82	18
19	Laundry	6,641	7,352	61,664	8.39	19
20	Administrator	1,900	2,080	61,992	29.80	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,201	8,013	113,823	14.20	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	165,598	177,615	$ 2,195,880 *	$ 12.36	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$ 0		35
36	Medical Director		12,000		36
37	Medical Records Consultant		1,800		37
38	Nurse Consultant				38
39	Pharmacist Consultant		2,982		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant		3,594		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 20,376		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	365	$ 10,963		50
51	Licensed Practical Nurses	5,033	125,831		51
52	Nurse Aides	3,078	61,562		52
53	TOTAL (lines 50 - 52)	8,477	$ 198,356		53

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Julie Cadle			$ 61,992
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 61,992

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
		$ 315,069
		0
		0
		0
		11,461
		0
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 326,530

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 70,789
Unemployment Compensation Insurance	29,872
FICA Taxes	167,985
Employee Health Insurance	152,734
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Hepatitis Vaccine	0
Employee Benefits -	21,406
Employee Benefits - central office	38,697
TOTAL (agree to Schedule V, line 22, col.8)	$ 481,483

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 0
Advertising: Employee Recruitment	20,488
Health Care Worker Background Check	
(Indicate # of checks performed)	1,155
Central Office Allocation	4,079
Promotional Advertising	8,211
Public Relations	5,546
Dues and Subscriptions	7,183
License and Fees	41
Less: Public Relations Expense	(5,546)
Non-allowable advertising	(533)
Yellow page advertising	(8,211)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 32,413

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	1,158
	14
Seminar Expense	2,867
	(11,109)
	9,069
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,999

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **no**

(2) Are there any dues to nursing home associations included on the cost report? **yes**
If YES, give association name and amount. **Illinois Healthcare Association**

(3) Did the nursing home make political contributions or payments to a political action organization? **yes** If YES, have these costs been properly adjusted out of the cost report? **yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **no** If YES, what is the capacity? _____

(5) Have you properly capitalized all major repairs and equipment purchases? **yes**
What was the average life used for new equipment added during this period? **7 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **5,000** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **no**
If YES, give effective date of lease. _____

(9) Are you presently operating under a sublease agreement? _____ YES **xx** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO **xx** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

_____

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **60,939**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **no** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **yes** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **yes** Indicate the amount. $ **990**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **no**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **no** If YES, please indicate the amount of income earned from such a program during this reporting period. $ _____
c. What percent of all travel expense relates to transportation of nurses and patients? **100%**
d. Have vehicle usage logs been maintained? **yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **yes**
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. $ _____

(17) Has an audit been performed by an independent certified public accounting firm? **yes**
Firm Name: **Sulaski & Webb** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **no** If no, please explain. **Not available at this date**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **yes**
Attach invoices and a summary of services for all architect and appraisal fees.

Account Number			Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3/4 Line #	Sch 5 pg 3/4 Col #	Sch 6 pg 5 Line #	Adjustment Amount	
1009			PETTY CASH	400						
1010			CASH IN BANK							
1040			CASH IN BANK-PAYROLL							
1100			ACCOUNTS RECEIVABLE	723,050						
1110			MEDICARE RECEIVABLES							
1125			IPA INCOME RECEIVABLE							
1130			MEDICARE COST REPORT							
1135			ACCOUNTS RECEIVABLE-IC							
1140			UNAPPLIED CASH RECEIPTS							
1145			A/R SUSPENSE-REFUNDS							
1190			ACCRUED INTEREST REC							
1200			PREPAID INSURANCE	14,889						
1220			OTHER PREPAID EXPENSES							
1300			FOOD INVENTORY							
1310			SUPPLIES INVENTORY							
1409			LAND	116,576						
1450			FURNITURE & EQUIPMENT	1,008,047						
1460			ACCUM DEPR-FURN & EQUIP	-908,858						
1475			BUILDING & IMPROVEMENTS	3,359,058						
1490			ACCUM DEPR-BUILDING	-1,079,369						
1530			RESIDENT FUNDS	10,562						
1550			LOAN FEES	5,534						
1560			REAL ESTATE TAX ESCROW							
1575			REIMBURSABLE PURCHASES							
1850			INTRACOMPANY	557,675						
2010			ACCOUNTS PAYABLE	-174,089						
2095			BONUSES PAYABLE							
2100			ACCRUED PAYROLL	-97,022						
2110			ACCRUED VACATION PAY	-115,313						
2120			UC TAXES PAYABLE							
2125			FICA TAX PAYABLE	-9,836	-9,836					
2130			FIT PAYABLE							
2140			STATE W/H PAYABLE		0					
2145			EARNED INCOME CREDIT							
2150			UC FED CREDIT REDUCTION							
2230			PAYROLL SAVINGS							
2235			IRA W/HOLDINGS							
2240			UNITED WAY							
2245			GROUP INSURANCE PAYABLE							
2246			GROUP INSURANCE PAYABLE-CAFETERIA							
2260			WAGE GARNISHMENTS							
2280			MISC PAYROLL DEDUCTIONS							
2300			ACCRUED INTEREST PAYABLE	-6,295						
2310			SALES TAX PAYABLE							
2320			IPA PAYMENTS PAYABLE	0						
2350			REAL ESTATE TAX PAYABLE	-72,337						
2385			ACTIVITY FUND	0						
2390			SECURITY DEPOSITS							
2391			VOLUNTEER FUND							
2393			HEART FUND/BAZAAR							
2395			DEFERRED INC EMP & MEM							
2400			CURRENT PORTION LT DEBT							
2460			INCOME TAXES PAYABLE							
2512			DUE TO RESIDENTS	-10,562						
2600			MORTGAGE PAYABLE	-1,893,252						
2650			EQUIPMENT LOAN PAYABLE							
2695			CURRENT PORTION LT DEBT							
2696			DEFERRED INCOME TAXES							
2710			COMMON STOCK							
2720			RETAINED EARNINGS	-1,363,069						
2970			PROFIT/LOSS FOR PERIOD	-65,789						
3007.1			PATIENT DAYS-PRIVATE	10,581						
3007.2			PATIENT DAYS-IPA	21,682						
3007.3			PATIENT DAYS-MEDICARE	4,626						
3007.4			PATIENT DAYS-CONVERSION							
3007.5			PATIENT DAYS-LICENSED							
3007.6			PATIENT DAYS-TOTAL							
3010		1	BASIC CHARGE-PRIVATE & VA	-1,259,178		0	0	0	0	
3015		1	PRIVATE ASSESSMENT TAX INCOME			0	0	0	0	
3020		1	BASIC CHARGE-IPA	-1,871,461		0	0	0	0	
3030		1	BASIC CHARGE-MEDICARE	-1,360,979		0	0	0	0	
3035		4	DAY CARE/HOME CARE			0	0	0	0	
3040		1	LIGHT NURSING CARE	-85,734		0	0	0	0	
3050		1	MEDIUM NURSING CARE			0	0	0	0	
3060		1	HEAVY NURSING CARE			0	0	0	0	
3061		1	SKILLED NURSING CARE							
3080		1	NURSING SUPPLIES-PRIVATE	-263,452		0	0	0	0	
3081		1	NURSING SUPPLIES-IPA			0	0	0	0	
3082		1	NURSING SUPPLIES MED PT A			0	0	0	0	
3083		1	NURSING SUPPLIES MED PT B							
3100		17	DRUGS	-465,480		0	0	0	0	
3101		17	DRUGS-OTHER							
3110		6	PT-PRIVATE	-950,021		0	0	0	0	
3111		6	PT-IPA			0	0	0	0	
3112		6	PT-MEDICARE PART A			0	0	0	0	
3113		6	PT-MEDICARE PART B			0	0	0	0	
3130		1	PUBLIC AID ASSESSMENT INC							
3140		19	LABORATORY INCOME			0	0	0	0	
3150		6	SPEECH/OT-PRIVATE			0	0	0	0	
3151		6	SPEECH/OT-IPA			0	0	0	0	
3152		6	SPEECH/OT-MED PART A			0	0	0	0	
3153		6	SPEECH/OT MED PART B							
3410		2	IPA DISCOUNTS	1,197,830		0	0	0	0	
3411		2	MEDICAID PART B DISCOUNT			0	0	0	0	
3420		2	MEDICARE DISCOUNTS			0	0	0	0	
3440		36	ASSESSMENT TAX EXPENSE			42	3	0	0	
3520		16	RENT INCOME	-5,955		6	0	6	-5,955	
3530		13	BEAUTY SHOP	-21,882		0	0	0	0	
3560		12	ACTIVITY FUND INCOME	0		0	0	0	0	
3570		12	VENDING INCOME/EXPENSE	-117		0	0	0	0	
3580		12	MANAGEMENT FEES			0	0	0	0	
3590		1	EQUIPMENT RENTAL	-18,099		0	0	0	0	
3595		21	RESIDENT TRANSPORTATION	0		0	0	0	0	
3600		21	MISC INCOME	0		0	0	0	0	
4110			GENERAL & ADMINIST WAGES	106,442	113,823	21	1	17	0	
4111			ADMINISTRATOR WAGES	61,992	61,992	17	1	0	0	
4115			VACATION & SICK - G&A	7,381		21	1	0	0	
4120	4475		EMPLOYEE BENEFITS	21,406	442,786	22	3	0	0	
4125			EMPLOYEE HEPETITIS VACCIN	0		22	3	0	0	
4130			EMPLOYEE SCHOLORSHIP WA(	0		21	1	0	0	
4135			EMPLOYEE SCHOLORSHIP COS	0		23	3	0	0	
4220			DIRECTORS FEES			18	3	0	0	
4250	4255		OFFICE SUPPLIES	12,566	12,566	21	2	0	0	
4260			TELEPHONE	13,850	13,850	21	3	0	0	
4275			TRAINING & EMPLOYEE DEVL	1,521	1,521	23	3	16	-136 **	
4280			GENERAL TRAVEL	1,158	4,039	24	3	16	0	
4281			MEAL EXPENSE FOR TRAVEL	14		24	3	19	0	
4285			EDUCATION & SEMINAR	2,867		24	3	19	-11,109 ***	
4290			HELP WANTED ADVERTISING	20,488	103,563	20	3	0	0	-60,939
4291			PROMOTIONAL ADVERTISING	8,211		20	3	25	-8,211	
4292			PUBLIC RELATIONS	5,546		20	3	25	-5,546	
4300			LICENSES & FEES	60,980		20	3	17	0	
4310			DUES & SUBSCRIPTIONS	7,183		20	3	17	-533	
4320			CONTRIBUTIONS	48		27	3	20	-48	
4350			PROFESSIONAL FEES	11,461	326,530	19	3	22	-11,461	
4355			MEDICAL DIRECTOR	12,000	12,000	9	3	0	0	
4360			UTILIZATION REVIEW			10	3	0	0	
4361			OTHER PHYSICIAN FEES			39	3	0	0	
4362			MEDICAL RECORDS CONSULT	1,800		10	3	0	0	
4363			PHARMACIST FEES	2,982		10	3	0	0	
4364			SOC SERV/ACT CONSULT	3,594	3,594	12	3	0	0	
4370			TV RENTAL	1,466		35	3	5	-836	
4380			INCOME TAXES		40,608	27	3	26	0	
4383			BACKGROUND CHECKS	1,155		20	3	26	0	
4400			PAYROLL TAXES	191,520		22	3	0	0	
4401			PAYROLL TAXES ADMINIST	6,337		22	3	0	0	
4410			GROUP INSURANCE	152,734		22	3	0	0	
4420			LIABILITY INSURANCE	66,101	66,101	26	3	0	0	
4425			INSURANCE-OWNERS			22	3	21	0	
4430			WORKMENS COMP INSURANCI	70,789		22	3	0	0	
4450			CENTRAL OFFICE FEES	315,069		19	3	34	-315,069	
4460			BAD DEBTS	40,500		27	3	24	-40,500	
4470			LOST ITEMS-RESIDENTS	60		27	3	0		
4490			MISCELLANEOUS	0		27	3	0	0	
4510			REAL ESTATE TAXES	69,768	69,768	33	3	0	0	
4600			LEASED EQUIPMENT	1,606	3,072	35	3	16	0	
5110			MAINTENANCE SALARIES	90,388	96,369	6	1	0	0	
5120			MAINTENANCE SICK & VAC	5,981		6	1	0	0	
5130			ELECTRIC	40,127	100,266	5	3	0	0	
5131			NATURAL GAS	35,949		5	3	0	0	
5132			HEATING & DEISEL OIL			5	3	0	0	
5133			WATER & SEWER	24,190		5	3	0	0	
5134			TRASH COLLECTION	7,763	39,657	6	3	0	0	
5140			PROPERTY PLANT REPLACEMI	24,621	62,682	6	2	0	0	
5160			GENERAL REPAIR & MAINT	38,061		6	2	0	0	
5165			MAINTENANCE CONTRACTS	31,894		6	3	0	0	
5210			DIETARY WAGES	197,456	211,457	1	1	0	0	
5220			DIETARY SICK & VAC	14,001		1	1	0	0	
5240			SALES TAX			2	3	13	0	
5248			FOOD PURCHASES	159,309	158,319	2	2	0	0	
5250			SUPPLIES-DISHWASHING	2,248	21,939	1	2	0	0	
5260			DIETARY REPLACEMENT	3,047		1	2	0	0	
5270			KITCHEN SUPPLIES-PAPER	16,644		1	2	0	0	
5295			MEAL CREDIT	-990		2	2	0	0	
5310			LAUNDRY WAGES	54,791	61,664	4	1	0	0	
5340			LAUNDRY SICK & VAC	6,873		4	1	0	0	
5370			LAUNDRY REPLACEMENT	11,382	16,693	4	2	0	0	
5380			LAUNDRY REIMBURSEMENT			4	3	0	0	
5390			LAUNDRY SUPPLIES	5,311		4	2	0	0	
5410			HOUSEKEEPING WAGES	77,063	81,057	3	1	0	0	
5440			HOUSEKEEPING SICK & VAC	3,994		3	1	0	0	
5480			HOUSEKEEPING SUPPLIES	3,055	17,608	3	2	0	0	
5490			HOUSEKEEPING SUPPLIES-PPR	14,553		3	2	0	0	
6010			RN WAGES-MEDICARE		1,452,948	10	1	0	0	
6020			RN WAGES-NON MEDICARE	115,096		10	1	0	0	
6030			DON WAGES	52,448		10	1	0	0	
6035			ADON	18,828		10	1	0	0	
6040			RN SICK & VACATION	9,230		10	1	0	0	
6110			LPN WAGES-MEDICARE			10	1	0	0	
6120			LPN WAGES-NON MEDICARE	420,869		10	1	0	0	
6130			LPN WAGES OTHER			10	1	0	0	
6140			LPN SICK & VACATION	26,297		10	1	0	0	
6210			AIDE WAGES-MEDICARE			10	1	0	0	
6220			AIDE WAGES-NON MEDICARE	682,816		10	1	0	0	
6230			WARD CLERKS			10	1	0	0	
6240			AIDE VACATION & SICK	64,089		10	1	0	0	
6245			CONTRACT NURSES-RN	10,963		10	3	0	0	
6246			CONTRACT NURSES-LPN	125,831		10	3	0	0	
6247			CONTRACT NURSES-AIDES	61,562		10	3	0	0	
6250			NURSE AIDE TRAINING WAGES	16,222	16,222	13	1	0	0	
6255			NURSE AID TRAINING EXP	2,402	2,402	13	2	0	0	
6260			NURSE AIDE TRAINING REIMB	-9,210		0	0	0	0	
6270			REHAB WAGES	57,933		10	1	0	0	
6275			REHAB SICK & VAC	5,342		10	1	0	0	
6280			NURSING DEPT EDUCATION			23	3	0	0	
6290			NURSING SUPPLIES	90,201	105,945	10	2	0	0	
6295			NURSING SUPPLIES	3,563		10	2	0	0	
6390			REPLACEMENT-NURSING	12,181		10	2	0	0	
6490			NURSING OTHER	10,920	214,058	10	3	0	0	
7280			DRUG PURCHASES	159,055	285,227	39	2	0	137,332 ***	
7281			DRUG PURCHASES-OTHER	125,919		39	2			
7380			LABORATORY SERVICES	46,416	458,950	39	3	0	0	
7410			HOME HEALTH SALARY			39	1	0	0	
7440			HOME HEALTH SICK & VAC			39	1	0	0	
7450			HOME HEALTH EXPENSES			39	3	0	0	
7510			ACTIVITES WAGES	46,127	49,167	11	1	0	0	
7540			ACTIVITIES SICK & VAC	3,040		11	1	0	0	
7590			ACTIVITIES SUPPLIES	3,081	3,081	11	2	0	0	
7595			ACTIVITIES FEES	0	0	11	3	0	0	
7610			PT WAGES			39	1	0	0	
7611			PT SICK & VACATION			39	1	0	0	
7620			PT FEES	235,095		39	3	0	-9,481 ***	
7660			PT SUPPLIES	253		39	2	0	0	
7710			SOCIAL SERVICE WAGES	50,007	51,181	12	1	0	0	
7720			SOCIAL SERVICE SICK & VAC	1,174		12	1	0	0	
7730			SOCIAL SERVICE EXPENSES	30	30	12	2	0	0	
7740			OT FEE	157,196		39	3	0	-11,028 ***	
7750			SOCIAL THERAPIST FEE	0	0	12	3	0	0	
7770			SPEECH THERAPY FEE	20,243		39	3	0	5,511 ***	
7800			BEAUTICIAN WAGES		0	40	1	0	0	
7810			BEAUTICIAN SICK & VAC			40	1	0	0	
7820			BEAUTICIAN FEES	15,456	15,456	40	3	0	0	
7890			BEAUTY SHOP SUPPLIES	923	923	40	2	0	0	
7910			VOLUNTEER COORDINATOR			21	1	0	0	
7940			VOL COORD SICK & VAC			21	1	0	0	
7960			VOL COORD SUPPLIES	0		21	2	0	0	
8100			RENT		0	34	3	0	0	
8120			INTEREST EXPENSE	83,188	88,722	32	3	14	-141	
8130			DEPRECIATION	156,023	156,023	30	3	9	-17,329	
8150			LOAN FEE AMORTIZATION	5,534		32	3	0	0	60,773
9510			INTEREST INCOME	-141		32	0	10	0	
9520			MISC NON-OPERATING INCOM	0		0	0	0	0	
9700			INCOME TAXES	4,231		0	0	0	0	
				5,038,739	5,043,859					
					5,120					
GRAND TOTALS				-65,789					-294,540	
				(NET INCOME)						
				0						

1,009	1,009 PETTY CA	400
1,100	1,100 ACCTS RE	723,050
1,101	1,101 ALLOW. FOR UNCOLLECTIBLES	
1,110	1,110 ACCTS RECEIV-M/C	
1,125	1,125 ACCTS RECEIV-IPA	
1,135	1,135 ACCTS RECEIV-IC	
1,140	1,140 UNAPPLIED CASH RECEIPTS	
1,145	1,145 A/R SUSPENSE-REFUNDS	
1,200	1,200 PREPAID I	14,889
1,220	1,220 OTHER PREPAID EXPENSES	
1,300	1,300 DIETARY INVENTORY	
1,310	1,310 SUPPLIES INVENTORY	
1,320	1,320 LINEN INVENTORY	
1,409	1,409 LAND	116,576
1,450	1,450 FURNITUR	1,008,047
1,460		-908,858
1,475	1,475 CODE ALE	3,359,058
1,490	1,490 ACCUM D	-1,079,369
1,530	1,530 RESIDENT	10,562
1,550	1,550 LOAN FEE	5,534
1,551	1,551 LOAN FEES ADDED	
1,850	1,850 INTERCOM	557,675
2,010	2,010 ACCOUNT	-174,089
2,100	2,095 BONUSES PAYABLE	
2,100	2,100 ACCRUED	-97,022
2,100	2,100 PR CLEARING-BENEFITS	
2,100	2,100 PR CLEARING-LABOR	
2,110	2,110 ACCRUED	-115,313
2,120	2,120 U.C. TAXES PAYABLE	
2,125	2,125 FICA TAX	-9,836
2,130	2,130 FEDERAL W/H TAX PAYABLE	
2,140	2,140 STATE W/H TAX PAYABLE	
2,152	2,152 WORKERS COMP ACCRUAL	
2,225	2,225 EMPLOYEEE INSURANCE REFUND	
2,230	2,230 PAYROLL SAVINGS	
2,235	2,240 UNITED FUND	
2,240	2,246 GROUP INSURANCE - CAFETERIA	
2,246	2,250 401K W/H	
2,250		
2,260	2,260 WAGE GARNISHMENT	
2,300	2,300 ACCRUED	-6,295
2,320	2,320 IPA PAYM	0
2,350	2,350 REAL EST.	-72,337
2,385		
2,400	2,400 CURRENT PORTION OF LT DEBT	
2,512	2,512 DUE TO RI	-10,562
2,600	2,600 LASALLE	-1,893,252
2,600		
2,625	2,625 LASALLE CONSTR. LOAN #2	
2,625		
2,695	2,695 CURRENT PORTION OF LT DEBT	
2,720	2,720 RETAINED	-1,363,069
	net income	-65,789
	balance	0

3,007	3,007 PATIENT I	10,581
3,007	3,007 PATIENT I	21,682
3,007	3,007 PATIENT I	4,626
3,007		0
3,007		
3,007		
3,007		
3,010	3,010 BASIC CH.	(1,259,178)
3,020	3,020 BASIC CH.	(1,871,461)
3,030	3,021 BASIC CH.	(1,360,979)
3,040	3,040 LIGHT NU	(546)
3,050	3,050 MEDIUM N	(20,320)
3,060	3,060 HEAVY NU	(28,913)
3,061	3,061 SKILLED N	(35,955)
3,080	3,080 NURSNG S	(56,076)
3,081	3,081 NURSNG S	(147,438)
3,082	3,082 NURSNG S	(55,322)
3,083	3,083 NURSNG S	(4,616)
3,100	3,100 DRUGS-MI	(262,390)
3,101	3,101 DRUGS-OT	(203,090)
3,110	3,110 PHYSICAL	(33,040)
3,111	3,111 PHYSICAL	(6,760)
3,112	3,112 PHYSICAL	(300,878)
3,113	3,113 PHYSICAL	(190,210)
3,140	3,140 LABORAT	(1,795)
3,150	3,150 ST/OT-PRI	(19,360)
3,151	3,151 ST/OT-IPA	(6,970)
3,152	3,152 ST/OT-M/C	(253,800)
3,153	3,153 ST/OT-M/C	(136,860)
3,160	3,160 X-RAY SEI	(348)
3,410	3,410 IPA/OTHEI	223,262
3,411	3,411 MEDICARI	62,608
3,420	3,420 MEDICARI	866,623
3,500		
3,520	3,520 RENT INC	(5,955)
3,530	3,530 BEAUTY S	(21,882)
3,560		
3,570	3,570 VENDING	(117)
3,590	3,590 EQUIPME	(18,099)
3,595		
3,600		
4,110	4,110 G&A WAG	106,442
4,111	4,111 ADMINIST	61,992
4,115	4,115 G&A PTO	7,381
4,120	4,120 EMPLOYE	21,297
4,125		
4,130		
4,135		
4,250	4,250 OFFICE SU	8,101
4,255	4,255 POSTAGE	4,149
4,260	4,260 TELEPHON	13,850
4,275	4,275 TRAINING	1,521
4,276	4,276 INJURY PI	10
4,280	4,280 GENERAL	1,158
4,281	4,281 MEAL EXI	14
4,285	4,285 EDUCATIC	2,867
4,289		
4,290	4,290 HELP WAN	20,488
4,291	4,291 PROMOTIC	8,211
4,292	4,292 PUBLIC RI	5,546
4,300	4,300 LICENSE &	60,980
4,310	4,310 DUES & SU	7,183
4,320	4,320 CONTRIBU	48
4,350	4,350 PROFESSI	11,461
4,355	4,355 MEDICAL	12,000
4,362	4,362 MEDICAL	1,800
4,363	4,363 PHARMAC	2,982
4,364	4,364 SOCIAL SI	3,594
4,370	4,370 TV RENTA	1,466
4,383	4,383 BACKGRO	1,155
4,390	4,390 OTHER TA	3,500
4,400	4,400 PAYROLL	191,520
4,401	4,401 PAYROLL	6,337
4,410	4,410 GROUP IN	152,734
4,420	4,420 LIABILITY	66,101
4,430	4,430 WORKMA	62,848
4,435	4,435 W/C-FIRST	6,636
4,436	4,436 DRUG TES	1,295
4,450	4,450 CENTRAL	315,069
4,460	4,460 BAD DEBT	40,500
4,461	4,461 BAD DEBT	45,337
4,470	4,470 LOST ITEM	60
4,475	4,475 UNIFORM	109
4,486	4,486 SERVICE C	5,893
4,490	4,490 MISC EXPI	(1,322)
4,496	4,496 MISC. M.I.	316
4,510	4,510 REAL EST.	69,768
4,600	4,600 LEASED E	1,606
5,110	5,110 MAINTEN.	90,388
5,120	5,120 MAINTEN.	5,981
5,130	5,130 ELECTRIC	40,127
5,131	5,131 NATURAL	35,949
5,133	5,133 WATER &	24,190
5,134	5,134 TRASH CO	7,763
5,140	5,140 PROP/PLA	24,621
5,160	5,160 GENERAL	38,061
5,165	5,165 MAINTEN.	26,001
5,210	5,210 DIETARY	197,456
5,220	5,220 DIETARY I	14,001
5,248	5,248 FOOD PUR	160,631
5,250	5,250 SUPPLIES	2,248
5,260	5,260 REPLACEI	3,047
5,270	5,270 KITCHEN	16,644
5,295	5,295 MEAL INC	(990)
5,310	5,310 LAUNDRY	54,791
5,340	5,340 LAUNDRY	6,873
5,370	5,370 REPLACEI	11,382
5,380		
5,390	5,390 SUPPLIES	5,311
5,410	5,410 HOUSEKE	77,063
5,440	5,440 HOUSEKE	3,994
5,480	5,480 SUPPLIES-	3,055
5,490	5,490 SUPPLIES-	14,553
6,020	6,020 RN WAGE	115,096
6,030	6,030 DON WAG	52,448
6,035	6,035 ADON WA	18,828
6,040	6,040 RN PTO &	9,230
6,120	6,120 LPN WAGI	420,869
6,140	6,140 LPN PTO &	26,297
6,220	6,220 AIDES WA	682,816
6,240	6,240 AIDES PTC	64,089
6,245	6,245 CONTRAC	10,963
6,246	6,246 CONTRAC	125,831
6,247	6,247 CONTRAC	61,562
6,250	6,250 NURSE AII	16,222
6,255	6,255 NURSE AII	2,402
6,260	6,260 NURSE AII	(9,210)
6,270	6,270 REHAB W.	57,933
6,275	6,275 REHAB PT	5,342
6,290	6,290 NURSING	90,201
6,295	6,295 NURSING	3,563
6,390	6,390 REPLACEI	12,181
6,490	6,490 OTHER	10,920
7,280	7,280 DRUG PUI	159,055
7,281	7,281 DRUG PUI	125,919
7,380	7,380 LABORAT	5,306
7,391		
7,393	7,390 X-RAY SEI	41,110
7,510	7,510 ACTIVITII	46,127
7,540	7,540 ACTIVITII	3,040
7,590	7,590 ACTIVITII	3,081
7,620	7,620 PHYSICAL	235,095
7,660	7,660 P.T. SUPPI	253
7,710	7,710 SOCIAL SI	50,007
7,720	7,720 SOCIAL SI	1,174
7,730	7,730 SOCIAL SI	30
7,740	7,740 OCCUPAT	157,196
7,750		
7,770	7,770 SPEECH TI	20,243
7,820	7,820 BEAUTICI	15,456
7,890	7,960 VOLUNTE	923
7,960		
8,120	8,120 INTEREST	70,904
8,125	8,125 ALLOCAT	12,284
8,130	8,130 DEPRECIA	156,023
8,150	8,150 LOAN FEE	5,534
9,510	9,510 INTEREST	(141)
9,520		
9,530	9,533 BOOK VAI	731
		(65,789)

FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0
173,113

	G/L	RECAP CENSUS
PP	10,581	8,647
IPA	21,682	21,682
medicare	4,626	4,626
		34,955

IPA BEDHOLDS	0
PP BEDHOLDS	84
PP CONVERS	1,850